

Community Ombudsman Oversight Panel Appeal Form

Instructions: Please sign this form to file your appeal in writing. The area below is provided should you wish to list additional comments. There is **no fee due** to file this appeal. **This form must be postmarked by the date listed below** (which is 14 calendar days from the date listed on your notice). Please mail this appeal to:

City of Boston
Community Ombudsman Oversight Panel
P.O. Box 190189
Roxbury, MA 02119

You may also file your appeal via email to COOP.bpd@cityofboston.gov. **Your email appeal must be sent by 5:00PM on the due date listed below.** Just please include the information listed below in your email.

DATE DUE:

NAME:

IAD CASE #:

To the Community Ombudsman Oversight Panel:

I would like to appeal the above listed Boston Police Department Internal Affairs Case.

SIGNATURE

DATE

If you would like, please include additional comments:
